

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041094

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 26 1962

Registration District No. 317

Primary Registration District No. 590

Registrar's No. 2912

STATE FILE NUMBER

VS 300
Rev. 4/59

1 4039

2 4039

3 2

4 1

5 2

6

7 1

8 2

9 4221

10

11

12 86-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Johns

Length of stay in 1b

5 Years

c. FULL NAME OF (If NOT in hospital, give location)

Rugh Manor Nursing Home

Inside Limits

No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY

St. Johns

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

8803 St. Louis Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
AnnaMiddle
A.Last
Marsh

4. DATE OF DEATH

Month Day Year
Oct. 8, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Oct. 19, 1874

9. AGE (last birthday)

87

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

Jersey City, New Jersey

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Thomas Casserly

13b. MOTHER'S MAIDEN NAME

Mary Dunn

14. NAME OF HUSBAND OR WIFE

The Late William Marsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Geo. Mc Innes 8803 St. Louis Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arterio-Sclerotic - Cardiac - Vascular Disease with Chronic Brain Syndrome

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

25-30 yrs?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

NONE

SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

March 1961 to 10-8-62 and last saw her alive on 10-7-62

Death occurred at

832 A.M./on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Doreen McJearney MD

22b. ADDRESS

860 N. Woodlawn

22c. DATE SIGNED

10-8-62

23a. BURIAL, CREMATION, OR REMOVAL (Specify)

Buried 10/10/1962

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

Collier Mortuary, St. Ann, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

10-8-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Sheldon C. Collier

Licensed Embalmer No. 3382

P. O. Address St. Ann Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.